

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Armand P. Boisselle, Reg. No. 22,381; Neil A. DuChes, Reg. No. 26,725; Mark D. Saralino, Reg. No. 34,243

The undersigned to this declaration and power of attorney hereby authorizes the U.S. attorney(s) named herein to accept and follow instruction from

Name(s) of authorized representation(s) Shusaku Yamamoto Patent Law Office
Address Fifteenth Floor, Crystal Tower, 1-2-27 Shiromi, Chuo-Ku, Osaka 540, Japan

as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorney(s) will be so notified by the undersigned.

Send Correspondence To

Neil A. DuChes
RENNER, OTTO, BOISSELLE & SKLAR, P.L.L.
1621 Euclid Avenue, 19th Floor
Cleveland, Ohio 44115

Direct Telephone Calls To:
(name and telephone number)

Neil A. DuChes
(216) 621-1113

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued therein.

Full name of sole or first inventor Antonio Pietro Sanfilippo
Inventor's signature [Signature]
Date 19 Oct 2003 Country of Citizenship ITALY
Residence MA 02138 U.S.A.
Post Office Address 54 Aberdeen Avenue, Cambridge, MA 02138, U.S.A.

Full name of second inventor, if any _____
Inventor's signature _____
Date _____ Country of Citizenship _____
Residence _____
Post Office Address _____

Full name of third inventor, if any _____
Inventor's signature _____
Date _____ Country of Citizenship _____
Residence _____
Post Office Address _____

CHECK FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION

- ____ Signature for fourth and subsequent joint inventors. Number of pages added 1.
____ Added page to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.
☒ This declaration ends with this page.

D-US-1.FRM

BEST AVAILABLE COPY

BEST AVAILABLE COPY

BEST AVAILABLE COPY